

**AFFIDAVIT (two required)**

(In Support of Application for Initial Licensing as Funeral Director)

To: THE ALABAMA BOARD OF FUNERAL SERVICE

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Residence Address: \_\_\_\_\_  
(Street & No. / P.O. Box) (City, State, Zip, Telephone Number)

Business Address: \_\_\_\_\_  
(Street & No. / P.O. Box) (City, State Zip, Telephone Number)

The following affidavit is submitted in support of my first original License as FUNERAL DIRECTOR under section 34-13-71, Code of Alabama, 1975.

**TO BE EXECUTED BY LICENSED EMBALMER OR LICENSED FUNERAL DIRECTOR**

I depose and say that I have known \_\_\_\_\_ for \_\_\_\_\_ years  
(Name of Applicant)  
and have personal knowledge of this person's good character and reputation. This applicant has to my knowledge and observation satisfactorily performed the duties of Apprentice FUNERAL DIRECTOR for \_\_\_\_\_ years at the following establishments for the periods shown:

_____	From _____ to _____
(Establishment Name) (Address)	(Dates)
_____	From _____ to _____
(Establishment Name) (Address)	(Dates)
_____	From _____ to _____
(Establishment Name) (Address)	(Dates)

I have been and am currently licensed as an Embalmer or Funeral Director in Alabama. My Alabama License No. is \_\_\_\_\_.

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS EMBALMER OR FUNERAL DIRECTOR TO REVOCATION.

\_\_\_\_\_  
(Sign Full Name)

\_\_\_\_\_  
(Address) (Telephone No.)

*Subscribed and sworn to before me, a Notary in the State of Alabama this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*

Seal

\_\_\_\_\_  
*Notary Public*  
My Commission expires \_\_\_\_\_.